



**2016/2017 SNOW SEASON**  
**(Registration Form Due by 11/4/16)**

**DPW #** \_\_\_\_\_

**DISTRICT** \_\_\_\_\_

**TOWN OF ISLIP**  
**DEPARTMENT OF PUBLIC WORKS**  
**REGISTRATION OF EQUIPMENT FOR SNOW REMOVAL**

- A. Every contractor and sub-contractor having equipment listed for snow removal is required to have an **Acord Certificate of Insurance** showing that coverage on their equipment is at least within the following limit: **Combined single limit of \$300,000.** The **Town of Islip must also be named as additional insured on the policy.** A copy of the additional insured endorsement must be provided. On the certificate, it must also indicate: **For Snow Removal.**
- B. Attach a clear copy of your **current registration** and **driver's license.**
- C. If you have employees, a **Workmen's Compensation Certificate** is required.
- D. Unit(s) shall be subject to an inspection by the Town of Islip. (**All units must be inspected prior to November 18, 2016.**) For an inspection appointment, please call: **(631) 595-3575.**

**E. COMPLETE THIS FORM AND ANSWER ALL QUESTIONS BELOW:**

**D.P.W. INSPECTION**

NAME: \_\_\_\_\_

*Pass      Fail*

ADDRESS: \_\_\_\_\_

Plow Lights		
Plow Operable		
Plow Blade		
Truck NYS Insp.		
Truck Lights		
Tires		

TELEPHONE #: (DAY) \_\_\_\_\_

(NIGHT) \_\_\_\_\_

Inspected by: \_\_\_\_\_  
 (Signature)

S.S. # or TAXPAYER I.D. # \_\_\_\_\_

**(Must be provided)**

*In consideration of the foregoing, (the applicant agrees for him, her or itself, and his, her or its successors and assigns that it and its agents, servants, employee, invites and successors and assigns will hold the Town of Islip, its officers, directors, employees, agents and servants harmless and forever indemnify and insure it and them, for, or against any liabilities, penalties, losses, damages, claims, expenses, suits and judgment, or any or all of the same arising out of or in any way concerning the rights, privileges, operations and events provided for, by or in this agreement).*

Print Name: \_\_\_\_\_ Applicant's Signature: \_\_\_\_\_

YEAR	MAKE	MODEL	# OF WHLS.	# OF DRIVE WHLS.

GROSS VEHICLE WEIGHT	POWER GAS/DIESEL	LICENSE PLATE #	VIN # (Vehicle Identification)

PLOW SIZE	BODY TYPE	ENG. SIZE (CU. IN.)	FOR LOADERS: BUCKET SIZE: _____ yd(s) HORESEPOWER: _____
			TOTAL WEIGHT: _____

List any person other than yourself having any ownership interest in the vehicle listed.  
(Corporations, Partnerships, etc. list every person having ownership interest in the company).

---

---

---

Indicate if any of the persons listed are either employees of the Town, related to employees of the Town, or in any way dependents of an employee of the Town.

---

---

---

---

List any relatives of yours who are employees of the Town.

---

---

\*\*\*\*\*

REMARKS

---

---

---

**PLEASE ATTACH YOUR INSURANCE CERTIFICATE, COPY OF REGISTRATION AND WORKER'S  
COMPENSATION CERTIFICATES TO THIS COMPLETED FORM AND RETURN TO PAM KLEIN @ TOWN OF  
ISLIP, DEPARTMENT OF PUBLIC WORKS, 401 MAIN STREET, ISLIP, NY 11751,**